

<b>ACORD CERTIFICATE OF LIABILITY INSURANCE</b>		OP ID CM <b>LINDA-2</b>	DATE (MM/DD/YYYY) <b>05/22/06</b>
<b>PRODUCER</b> <b>Low &amp; Johnson, Inc.</b> <b>PMB 618</b> <b>10645 N. Tatum Blvd, Suite 200</b> <b>Phoenix AZ 85028-3053</b> <b>Phone: 480-948-7838 Fax: 480-948-1707</b>		<b>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.</b>	
<b>INSURED</b>  <b>Linda Huff Redman P.h.D.</b> <b>109 E. Concorda Drive</b> <b>Tempe AZ 85282</b>		<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
		INSURER A: <b>Auto-Owners Insurance</b>	
		INSURER B: <b>United States Liability</b>	
		INSURER C:	
		INSURER D:	
		INSURER E:	

#### COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
INSR	ADD'L LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
<b>A</b>		<b>GENERAL LIABILITY</b>	<b>4538756806</b>	<b>05/15/06</b>	<b>05/15/07</b>	EACH OCCURRENCE	<b>\$ 1000000</b>
	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	<b>\$ 300000</b>
	<input type="checkbox"/>	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	<b>\$ 10000</b>
	<input type="checkbox"/>					PERSONAL & ADV INJURY	<b>\$ 1000000</b>
	<input type="checkbox"/>					GENERAL AGGREGATE	<b>\$ 2000000</b>
						PRODUCTS - COMP/OP AGG	<b>\$ 2000000</b>
GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							
<b>A</b>		<b>AUTOMOBILE LIABILITY</b>	<b>4538756806</b>	<b>05/15/06</b>	<b>05/15/07</b>	COMBINED SINGLE LIMIT (Ea accident)	<b>\$ 1000000</b>
	<input type="checkbox"/>	ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/>	ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/>	SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
	<input checked="" type="checkbox"/>	HIRED AUTOS					
<input checked="" type="checkbox"/>	NON-OWNED AUTOS						
		<b>GARAGE LIABILITY</b>				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
		<b>EXCESS/UMBRELLA LIABILITY</b>				EACH OCCURRENCE	\$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
		<input type="checkbox"/> DEDUCTIBLE					\$
		<input type="checkbox"/> RETENTION \$					\$
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>				WC STATU-TORY LIMITS	\$
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
<b>B</b>		<b>Professional Liab</b>	<b>SP1009214</b>	<b>05/15/06</b>	<b>05/15/07</b>	<b>Occurrence</b>	<b>\$1,000,000</b>
		<b>ClaimsMade/1000Ded</b>				<b>Aggregate</b>	<b>\$2,000,000</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

**Re: Contract #SCC060004 The State of Arizona, its depts., agencies, boards, commissions, universities & its officers, officials, agents & employees are shown as an additional insured with respect to liability arising out of the activities performed by or on behalf of the contractor.**

#### CERTIFICATE HOLDER

**AHCCC-1**

**AHCCCS**  
**Jamey Schultz**  
**Contract Management Specialist**  
**701 E. Jefferson St., MD5700**  
**Phoenix AZ 85034**

#### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL **30** DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

*[Signature]*

DO NOT SEND TO IRS

Vendor MUST Print  
or Type Information

## STATE OF ARIZONA

## SUBSTITUTE W-9 &amp; VENDOR AUTHORIZATION FORM

DO NOT SEND TO IRS

Vendor MUST Print  
or Type InformationTaxpayer Identification Number (TIN) **391-58-6331**Type ☒ TIN☐ Employer Identification Number (EIN)☒ State of Arizona HRIS EIN  
State of Arizona Employees ONLY☒ Social Security Number (SSN)Legal Name  
Must match TIN above

Linda Huff Redman

Entity Type Select one of the following

- ☐ Corporation (NOT providing health care, medical or legal services) (5A)
- ☐ Corporation (providing health care, medical or legal services) (5M)
- ☐ Partnership, LLP (5T)
- ☐ PLLC, LLC (5C)
- ☒ Individual/Sole Proprietor (6I)
- ☐ The US or any of its political subdivisions or instrumentalities (2G)
- ☐ A state, a possession of the US, or any of their political subdivisions or instrumentalities (4G)
- ☐ Tax-exempt organization under IRC §501 (50)
- ☐ An international organization or any of its agencies or instrumentalities (5U)
- ☐ State of Arizona employee (1E)
- ☐ Other, Tax reportable entity (5P)

Main Address

Where tax information and general correspondence is to be mailed

DBA/Branch/Location

Address

109 E. Concorda Drive

Address continued

City

Tempe

State

AZ

Zip code

85282

Remit to Address

☒ Same as Main

DBA/Branch/Location

Address

Address continued

City

State

Zip code

Minority Business Indicator Select one of the following

- ☐ Small Business (01)
- ☐ Small Business- African American (23)
- ☐ Small Business- Asian (24)
- ☐ Small Business- Hispanic (25)
- ☐ Small Business- Native American (27)
- ☐ Small Business- Other Minority (05)
- ☒ Small, Woman Owned Business (06)
- ☐ Small, Woman Owned Business- African American (29)
- ☐ Small, Woman Owned Business- Asian (30)
- ☐ Small, Woman Owned Business- Hispanic (31)
- ☐ Small, Woman Owned Business- Native American (33)
- ☐ Small, Woman Owned Business- Other Minority (11)
- ☐ Woman Owned Business (03)
- ☐ Woman Owned Business- African American (17)
- ☐ Woman Owned Business- Asian (18)
- ☐ Woman Owned Business- Hispanic (19)
- ☐ Woman Owned Business- Native American (21)
- ☐ Woman Owned Business- Other Minority (08)
- ☐ Minority Owned Business- African American (04)
- ☐ Minority Owned Business- Asian (32)
- ☐ Minority Owned Business- Hispanic (74)
- ☐ Minority Owned Business- Native American (15)
- ☐ Minority Owned Business- Other Minority (02)
- ☐ Non-Profit, IRC §501(c) (88)
- ☐ Non-Small, Non-Minority or Non-Woman Owned Business (00)

Contact Information

Name

Linda Huff Redman

Phone #

480-968-1963

EXT

Fax

480-968-9269

email

sashaaron@aol.com

Certification

Under Penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me) AND
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding AND
- I am a U.S. person (including U.S. resident alien).

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Signature

Linda Huff Redman

Title

management consultant

Date

5/22/06

STATE OF ARIZONA AGENCY USE ONLY

VENDOR: DO NOT WRITE BELOW THIS LINE

AGY

Agency Authorization

Phone #

Date

STATE OF ARIZONA GAO USE ONLY

VENDOR &amp; STATE AGENCY: DO NOT WRITE BELOW THIS LINE

☐ IRS TIN Matching☐ Corporation Commission☐ HRIS☐ Other☐ Other

Vendor Number

MC

Processed by

Date Processed



**ARIZONA DEPARTMENT OF ADMINISTRATION  
RISK MANAGEMENT SECTION**

100 North 15<sup>th</sup> Avenue, Suite #301  
Phoenix, Arizona 85007  
Telephone: (602) 542 2182; Facsimile: (602) 542 1800  
On-line: 'azrisk.state.az.us'

**SOLE PROPRIETOR WAIVER**

**NOTE: THIS FORM APPLIES ONLY TO STATE OF ARIZONA AGENCIES, BOARDS, COMMISSIONS, UNIVERSITIES UTILIZING SOLE PROPRIETORS WITH NO EMPLOYEES, IF YOU ARE CONTRACTING WITH A CORPORATION, LIMITED LIABILITY COMPANY, PARTNERSHIP OR SOLE PROPRIETORS WITH EMPLOYEES, THIS FORM DOES NOT APPLY.**

The following is a written waiver under the compulsory Workers' Compensation laws of the State of Arizona, A.R.S. 23-901 (et. seq.), and specifically, A.R.S. 23-961(O), that provides that a Sole Proprietor may waive his/her rights to Workers' Compensation coverage and benefits.

I am a sole proprietor and I am doing business as Linda Huff Redman (name of Sole Proprietors Business). I am performing work as an independent contractor for the State of Arizona, AHCCCS/Contract # SCC060004, for workers' compensation purposes, and therefore, I am not entitled to workers' compensation benefits from the State of Arizona, AHCCCS/Contract # SCC060004.

I understand that if I have any employees working for me, I must maintain workers' compensation insurance on them.

Name of Sole Proprietor:	<u>Linda Huff Redman</u>		
Social Security Number:	<u>391</u>	<u>- 58</u>	<u>- 6331</u>
Telephone Number:	<u>(480) 968-1963</u>		
Street Address / P.O.Box:	<u>109 E. Concorda Dr.</u>		
City:	<u>Tempe</u>	State: <u>AZ</u>	Zip Code <u>85282</u>
Signature of Sole Proprietor:	<u>Linda Huff Redman</u>		Date: <u>5/22/06</u>

State Agency:	<u>AHCCCS</u>	Agency #	<u>230</u>
Signature of Agency Contract Administrator:	<u>Michael McInt</u>		Date: <u>7.18.06</u>

Both signatures must be signed and the completed form submitted to the State of Arizona, Department of Administration, Risk Management Section, Insurance Unit, 100 North 15<sup>th</sup> Avenue, Suite 301, Phoenix, Arizona 85007. An authorized Risk Management Representative will sign your completed form and return it to the agency to be maintained in their records.

Kurt Waller 19 JUL 06

Signature of Risk Management Authorized Signer	Date
--	------